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Abstract Title:

Costing Analysis of an Adolescent Contraceptive Uptake Program: Evaluating Financial Efficiency Across Implementation Geographies in Ethiopia and Northern Nigeria

Extended Abstract (2-4 pages)

Introduction

Achieving population-level impacts in adolescent and youth sexual and reproductive health (AYSRH) requires implementing interventions at scale. This approach not only maximizes impact but also proves to be the most cost-effective. However, despite the critical importance of AYSRH, there is a significant gap in comprehensive costing evaluations specific to this area. Accurate financial data is often lacking, making it difficult for donors, policymakers, and implementers to gauge the true cost-effectiveness of AYSRH programs. This scarcity of data hampers efforts to replicate and scale successful interventions globally.¹² Recognizing this gap, Population Services International, in partnership with health economists at Avenir Health, conducted routine costing analyses to better understand the financial dynamics of these interventions. This study highlights the financial efficiencies gained through scaling and integration into government systems, providing valuable insights for decision-makers.

Background

This study focused on a program in Ethiopia and northern Nigeria that aimed to increase contraceptive uptake among adolescent girls. The intervention involved tailored, girl-centered counseling, expanded access to contraceptive options, and strengthened service delivery through existing government health systems. By training healthcare providers in adolescent-friendly care, deploying community health workers, and integrating contraceptive education into youth engagement initiatives, the program sought to ensure sustainability and scalability by embedding these services into the public sector.

Methodology

Yearly costs per new user and contraceptive visit were measured across implementation geographies using a combination of top-down and bottom-up costing methods. New users were defined as individuals who accessed contraceptive services for the first time during the program period, while continuing users were those who maintained their contraceptive use, regardless of previous lapses. Contraceptive visits included all service encounters related to contraceptive use. The costing methodology was activity-based, incorporating data from periodic surveys to allocate staff time, and a detailed review of financial transactions. This approach captured direct implementation costs at the country level, allocated global team costs, and government in-kind

¹Widman L, Evans R. Adolescent Sexual Health Interventions: Innovation, Efficacy, Cost, and the Urgent Need to Scale. *Pediatrics*. 2020 May;145(5):e20200392. doi: 10.1542/peds.2020-0392. PMID: 32345684.

²Salam RA, Faqqah A, Sajjad N, Lassi ZS, Das JK, Kaufman M, Bhutta ZA. Improving Adolescent Sexual and Reproductive Health: A Systematic Review of Potential Interventions. *J Adolesc Health*. 2016 Oct;59(4S):S11-S28. doi: 10.1016/j.jadohealth.2016.05.022. PMID: 27664592; PMCID: PMC5026684.

contributions, such as staff time and infrastructure use. Costs excluded holistic program workstreams and external learning activities. Additionally, the analysis adjusted for high inflation, particularly in 2022 and 2023, to ensure accurate financial assessment.

Results

Quantitative analyses demonstrated significant cost reductions associated with scaling efforts and integration into government systems. In Ethiopia, the cost per new user decreased from \$130.68 in 2021 to \$25.36 in 2023, corresponding with an expansion from 450 to 4,621 health posts, representing coverage of approximately 85% of the total health posts in the target regions (Figure 1). In northern Nigeria, the cost per new user dropped from \$31.31 in 2021 to \$18.48 in 2023, with the number of public health centers scaling from 150 to 1,282, achieving about 75% coverage in the focus states (Figure 2). The cost spike observed in 2022 was due to the program's exit from states in southern Nigeria and the subsequent setup of program activities in two new states in the north—Kano and Jigawa—adding to the existing operations in Kaduna and Nasarawa, for a total of four states. Scaling efforts, reflected in the substantial increase in the number of sites and users, were the key drivers of these cost reductions.

Both geographies also saw reductions in the cost per contraceptive visit, indicating improved financial efficiency (Figures 3 and 4). In Ethiopia, the cost per visit decreased from \$25.35 to \$13.00, while in northern Nigeria, it dropped from \$18.48 to \$13.66 in 2023.

Discussion

Substantial decreases in cost per new user in Ethiopia and northern Nigeria demonstrate the financial efficiencies gained through scaling and strategic resource allocation. Integrating AYSRH interventions into government systems enhances sustainability and reduces costs, embedding services within national health frameworks for long-term impact. Combining top-down and bottom-up costing methods provides a robust framework for understanding financial dynamics. However, the differences observed in cost calculations across various geographies, and when compared to other similar projects, underscore the need for standardized costing methods, which would enable more consistent benchmarking and comparison across programs and regions.

This costing analysis underscores the value of routine costing exercises and provides a model for other AYSRH programs aiming for scalability and sustainability.

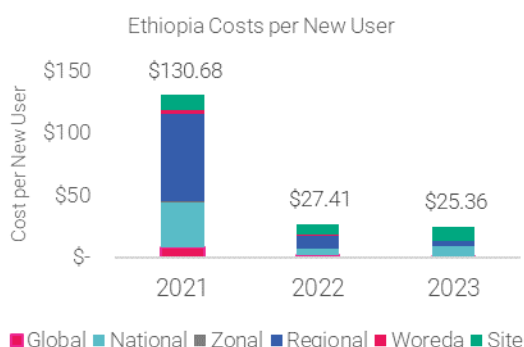


Figure 1: Cost per New User Ethiopia

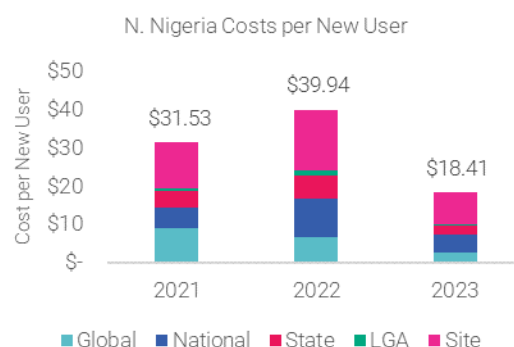


Figure 2: Cost per New User Northern Nigeria

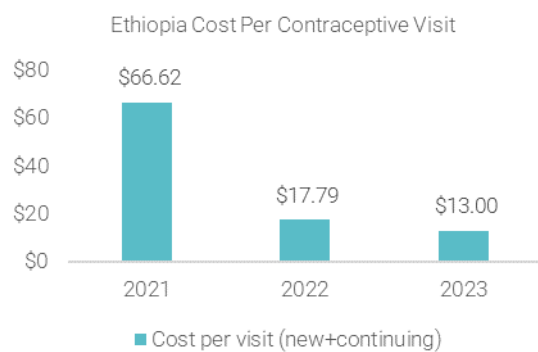


Figure 3: Cost per Contraceptive Visit Ethiopia



Figure 4: Cost per Contraceptive Visit Northern Nigeria